

Thomas O. Forslund, Director

Governor Matthew H. Mead

Wyoming Public Health Laboratory

Combined Laboratories Facility 208 S. College Drive, Cheyenne, WY 82002 Phone: 307-777-7431 - Fax: 307-777-6422 Chemical Testing Program Microbiology Program Water Testing Program

CREDIT CARD AUTHORIZATION FORM			TODAY'S DATE:														
NAME OF PERSON CALLING																	
COMPAN	icable)																
CREDI [*]	BER:			_				-					-				
EXPIRATION DATE:	MO:	YE	AR:		C\	v Co	DDE:		•		VER AUTI			ONE TION	:	Ye	
NAME AS IT APPEARS ON THE CARD:																	
BILLING (STREET) ADDRESS:																	
BILLING (CITY) ADDRESS:								BILLING ZIP CODE:									
PHONE NUMBER:					FA	ΧN	UMBE	ER:									
INVOICE NUMBER:	NUMBER: INVOICE AMOUNT: \$																
CUSTOMER WANTS A RECEIPT: Y			No	Mail	Fa	ıX	Email	l E	Email Addres	ss:							
INFORMATION TAKEN BY:			AMOUNT PROCESSED: \$														
Shred this section after processed & receipt sent to customer																	

FOR PHL USE ONLY:

Attach Merchant Copy Here

ONLT.		
CC PROCESSED BY:	Blood Kits:	\$
DATE PROCESSED:	Urine/Onsite Kits:	\$
Notes:	Water Tests:	\$
	Strep:	\$
	Serology:	\$
	STD:	\$
		\$

Attach this section to terminal report